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11:23 FROM: SOLID WASTE

TRANSLED STATION

Facility Annual Report

For the period of Tally 2010-June 30, 20

TO: 82997043

For the period of July # 2010-June 30, 2011 According to (G.S. 130A-309.09D(b)) completed forms must be returned by August 1, 2011 and a copy in this report must be sent to the County Manager of each county from which waste was received. If you have questions or require assistant of the impleting this report, contact your Regional Environmental Senior Specialist. P0979 5803T-TRAP 10 型表模2002 ID: Permit: Facility Name: Madison County Solid Waste Dept Facility Website (URL): madisoncountync.org Mailing Address 271 Craig Rudisli Rd. Street 1: Street 1: 271 Craig Rudisill Rd. Street 2: Street 2: City: Marshall County: Madison City: Marshall 28753 Zip: 28753 State: North Carolina State: North Carolina Billing Contact Rerson Primary Facility Contact Person Cheryl Chandler Name: Name: James Huff (828) 649-0324 (828) 649-2311 (828) 649 0324 Phone: Fax: (828) 649-2311 Fax: Phone: Email: cschandler@madisoncount BIQ. PA Email: jhuff@madisoncountync.org 1. Tipping Fee: \$44.00 per Ton (Attach a schedule of tipping fees if appropriate.) RECEIVED Does the tip fee above include the \$2.00 Solid Waste Tax? Yes No AUG - 2 2011 2. Did your facility stop receiving waste during this past Fiscal Year? ⊠ No | Yes If so, please report the date this occurred: **SOLID WASTE SECTION** Yes No 3. Are there SWANA or other certified operator(s) at this facility? ASHEVILLE REGIONAL OFFICE If yes, indicate the following: Certification type and expiration date: Certified Transfer Sixien 7/22/14 Name: James Ensley Certification type and expiration date: Certified Transfer Spotiation #4/12 Name: Larry Wright Certification type and expiration date: Certified Transfer Shadon 8/41/13 Name: Richard Roberts 4. What other activities occur at this facility? (check all that apply) Houjebaje inzardous Waste Collection White Goods Collection Recycling/Reuse Collection Scrap Tire Collection If you checked Recycling/Reuse Collection, please indicate the materials accepted: (check all that apply) . թլգում**⊈rywal**l Paper Wood Concrete/rubble/asphalt Aluminum Cans Shan Can Glass

Computer Equipment

Other Metal

HDPE (#2) Plastic

Used oil/oil filters

PETE (#1) Plastic
Fluorescent lightbulbs

Other (specify)

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AUG-2-2011 11:23 FROM:SOLID WASTE 8286490324 TO:82997043 P.3/9 5. Total waste received (INCLUDING WASTE TRANSFERRED AND RECYCLED) at this facility durid the said of July 1, 2010. through June 30, 2011. Indicate tonnage received by COUNTY of waste origin, Please indicate COUNTY in 1 17 ATE, if received from another state. They June Feb Mar Jan Арг Jul Sept Oct Nov Dec Aug Received from 10,185.51 887.52 881 14 . 5 843 33 763.61 789.71 870.68 1.0181 Madison 960.73 944.01 857.5 830 706 43 Drand Total 6. Indicate the facility(s) that received your facility's non-recycled waste material: 10,185.51 The second secon NAME PERMIT # unit LOCATION (city; state) to FACILITY FIRE Escility Type M\$W Landfill 9,429,37 Lakeway Recycle & Santation, INC. P.O. Box 1894, Morristown, Tenn Permit#SNL 32-0280 9,429.37 TOUAL REMAND REASOCICITY and CERTAL USE (P. 1009) (1010).

Life postering Light Stratistical Land and Communical Society and Communical Land and Communi Please return your completed report to: Andrea Keller 2090 US Highway 70 Swannanoa, NC 28778 phone: 828.296.4700 cmail: Andrea Kore Mandonr.gov CERTIFICATION: I certify that the information provided igan accurate representation of the activity at the information provided igan accurate representation of the activity at the information provided igan accurate representation of the activity at the information provided igan accurate representation of the activity at the information provided igan accurate representation of the activity at the information provided igan accurate representation of the activity at the information provided igan accurate representation of the activity at the information provided igan accurate representation of the activity at the information provided igan accurate representation of the activity at the information provided igan accurate representation of the activity at the information provided igan accurate representation of the activity at the information provided igan accurate representation accurat Date: | . in @6. 2011 Signature: Name: James Haff Title: Director (828) 649-2311 jhuff@madisoncountync.org Phone Number:

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